

202

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61	1		
12							62		1	
13	1						63		1	
14		1					64			1
15							65			
16							66			
17							67			
18							68			
19							69		1	
20							70		1	
21							71		1	
22							72		1	
23	1						73			
24		1					74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33	1						83			
34		1					84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43	1						93			
44		1					94			
45							95			
46	1						96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11	1						61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68	1		
19							69			
20	1						70	1		
21		1					71			
22	1						72			
23		1					73			
24		1					74			
25		1					75			
26		1					76			
27		1					77			
28	1						78			
29		1					79			
30		1					80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86	1		
37							87			
38	1						88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95	1		
46							96			
47	1						97			
48		1					98			
49	1						99			
50	1						100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

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